



125 EAST 11TH STREET, AUSTIN, TEXAS 78701-2483 | 512.463.8588 | WWW.TXDOT.GOV

Wed, 23 June 2021

STATE OF TEXAS §

This is to certify that I, Jim Hollis, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Department referred to in the attached request with the crash date of Tue, 01 September 2020, which occurred in Tarrant County; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.

A handwritten signature in blue ink, appearing to read "Jim Hollis".

Jim Hollis
Director, Crash Data & Analysis Section
125 East 11th Street
Austin, TX 78701-2483
1-844-274-7457



OUR VALUES: People • Accountability • Trust • Honesty
OUR MISSION: Connecting You With Texas

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EXHIBIT G



Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457
Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 2

IDENTIFICATION & LOCATION			*Crash Date (MM/DD/YYYY) 09 / 01 / 2020		*Crash Time (24HRMM) 1 8 5 8		Case ID 20SP069999						Local Use Dist 1										
			*County Name TARRANT		*City Name SOUTHLAKE								<input type="checkbox"/> Outside City Limit										
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Latitude (decimal degrees) 3 2 1 9 6 1 6 5		Longitude — (decimal degrees) 0 9 7 1 5 0 2 2																
ROAD ON WHICH CRASH OCCURRED																							
*1 Rdwy. SH Sys.		*Hwy. 114 Num.		2 Rdwy. Part 1		Block 2800 Num.		3 Street Prefix E		* Street Name Northwest						4 Street Suffix HWY							
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot			<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 65		Const. <input type="checkbox"/> Yes Zone <input checked="" type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc. Main roadway															
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																							
At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No Hwy. Sys. FM Num. 1709		2. Rdwy. Part 1		Block Num. 3200		3 Street Prefix E		Street Name Southlake						4 Street Suffix BLVD									
Distance from Int. or Ref. Marker 500			<input checked="" type="checkbox"/> FT	3 Dir. from Int. or Ref. Marker E		Reference Marker		Street Desc. Main roadway						RRX Num.									
<input checked="" type="checkbox"/> MI																							
Unit Num. 1	5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX		LP Num. LVF2207		VIN 1 9 U D E 2 F 7 7 G A 0 1 8 3 7 4														
Veh. Year 2 0 1 6	6. Veh. Color WHI		Veh. Make ACURA		Veh. Model ILX		7 Body Style P4						<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)										
8 DL/ID Type 1	DL/ID State TX		DL/ID Num. 38767842		9 DL Class C	10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 1 2 / 3 1 / 1 9 9 4													
Address (Street, City, State, ZIP) 202 QUAIL RUN LN ARLINGTON, TX 76002																							
VEHICLE, DRIVER, & PERSONS			Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Drug Spec.	24 Drug Result	25 Drug Category
			Person Num. 1	12 Prsn. Type 1	13 Seat Position 1	ALHERI, ASERDA								A	25	A	2	1	1	5	97	N	96
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																							
															<input checked="" type="checkbox"/> Owner	Owner/Lessee							
<input type="checkbox"/> Lessee	Name & Address ALHERI, ASERDA, 202 QUAIL RUN TRL ARLINGTON, TX 76002																						
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt			26 Fin. Resp. Type 2		Fin. Resp. GEICO - GOVERNMENT EMPLOYEES Name INS. CO.				Fin. Resp. Num. 4529680979														
Fin. Resp. Phone Num. (800) 841-3000					27 Vehicle Damage Rating 1 1 0 - L F Q - 4				27 Vehicle Damage Rating 2 2 - L F Q - 2				Vehicle Inventoried <input type="checkbox"/> Yes										
Towed By Euless B&B Wrecker					Towed To 1201 W Euless Blvd., Euless, TX 76040														<input checked="" type="checkbox"/> No				
Unit Num. 2	5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX		LP Num. r446770		VIN 1 X P B D P 9 X 9 G D 3 4 0 3 3 5														
Veh. Year 2 0 1 6	6. Veh. Color WHI		Veh. Make PETERBILT		Veh. Model 579		7 Body Style TR						<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)										
8 DL/ID Type 1	DL/ID State TX		DL/ID Num. 19041651		9 DL Class A	10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 2 / 0 6 / 1 9 7 8													
Address (Street, City, State, ZIP) 3300 CLAYMORE DR PLANO, TX																							
VEHICLE, DRIVER, & PERSONS			Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Drug Spec.	24 Drug Result	25 Drug Category
			Person Num. 1	12 Prsn. Type 1	13 Seat Position 1	MERCADO, JUAN								N	42	H	1	1	1	1	97	N	96
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																							
															<input checked="" type="checkbox"/> Owner	Owner/Lessee							
<input type="checkbox"/> Lessee	Name & Address PACCAR LEASING COMPANY, 10620 N STEMMONS FWY DALLAS, TX 75220																						
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt			26 Fin. Resp. Type 2		Fin. Resp. CENTRAL MUTUAL/ALL AMERICAN Name INS. CO.				Fin. Resp. Num. CLP957423618														
Fin. Resp. Phone Num. (888) 263-2924					27 Vehicle Damage Rating 1 4 - R D - 2				27 Vehicle Damage Rating 2 - - - -				Vehicle Inventoried <input type="checkbox"/> Yes										
Towed By NOT TOWED					Towed To DRIVEN AWAY				EXHIBIT G											<input checked="" type="checkbox"/> No			

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	Baylor, Scott & White, Grapevine	Southlake Medic 401		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address		

CMV	Unit Num. 2	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28 Veh. Oper. 1	29 Carrier ID Type 1	Carrier ID Num. 00301140
	Carrier's Corp. Name JACKSON TRANSPORTATION SERVICES	Carrier's Primary Addr. 400 N CARROLL BLVD DENTON, TX 76099						30 Veh. Type 7
	31 Bus Type 0	<input checked="" type="checkbox"/> RGVW <input type="checkbox"/> GVWR 1 7 6 4 6	HazMat Released <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type 98
	Unit Num.	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Sequence Of Events	35 Seq. 1 20	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	1	98							1	1	3	3	1	2	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale						
	<p>In the 2800 block of East Hwy 114 east bound, Unit 1 lost control due to the roadway being wet and struck the guard rail. Unit 1 began to fishtail and struck Unit 2. Unit 1 was stuck partial under Unit 2 and had severe damage. Unit 1 driver was taken to Baylor Grapevine with unknown injuries. Unit 1 was towed away from the scene by B&B Wrecker. Unit 2 was able to be driven away with minor damage to the underneath part of the semi.</p>														

Copy from Custodial File

INVESTIGATOR	Time Notified (24HR:MM) 1 6 5 9	How Notified Dispatched	Time Arrived (24HRMM) 1 7 0 1	Report Date (MM/DD/YYYY) 09 / 05 / 2020
	Invest. <input checked="" type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed) Lockwood, n		ID Num. 1927
	ORI Num. T X 2 2 0 3 2 0 0	*Agency SOUTHLAKE POLICE DEPARTMENT	EXHIBIT G	Service/Region/DA 0 1